



Inspection Services Division
Department of Community Planning and Development
City of Rockville
111 Maryland Avenue, Rockville, Maryland 20850
240-314-8240 • fax 240-314-8265

APPLICATION FOR FENCE PERMIT

Property Address _____

Contractor's Name _____

Address _____ MHIC License # _____

Property Owner Name _____ Home Phone _____

Owner's Address if different _____

Please check one:

Subdivision: ___ King Farm ___ Rose Hill ___ Fallsgrove ___ Other

Plot Plan **REQUIRED** for **ALL CORNER LOTS**: Corner lot ___ yes ___ no

Planning authorization _____ (*planner's initials*)

King Farm Architect authorization letter provided _____

Please indicate location of fence on back of form.

Set back from property line Front _____ ft Rear _____ ft

Right Side _____ ft Left Side _____ ft

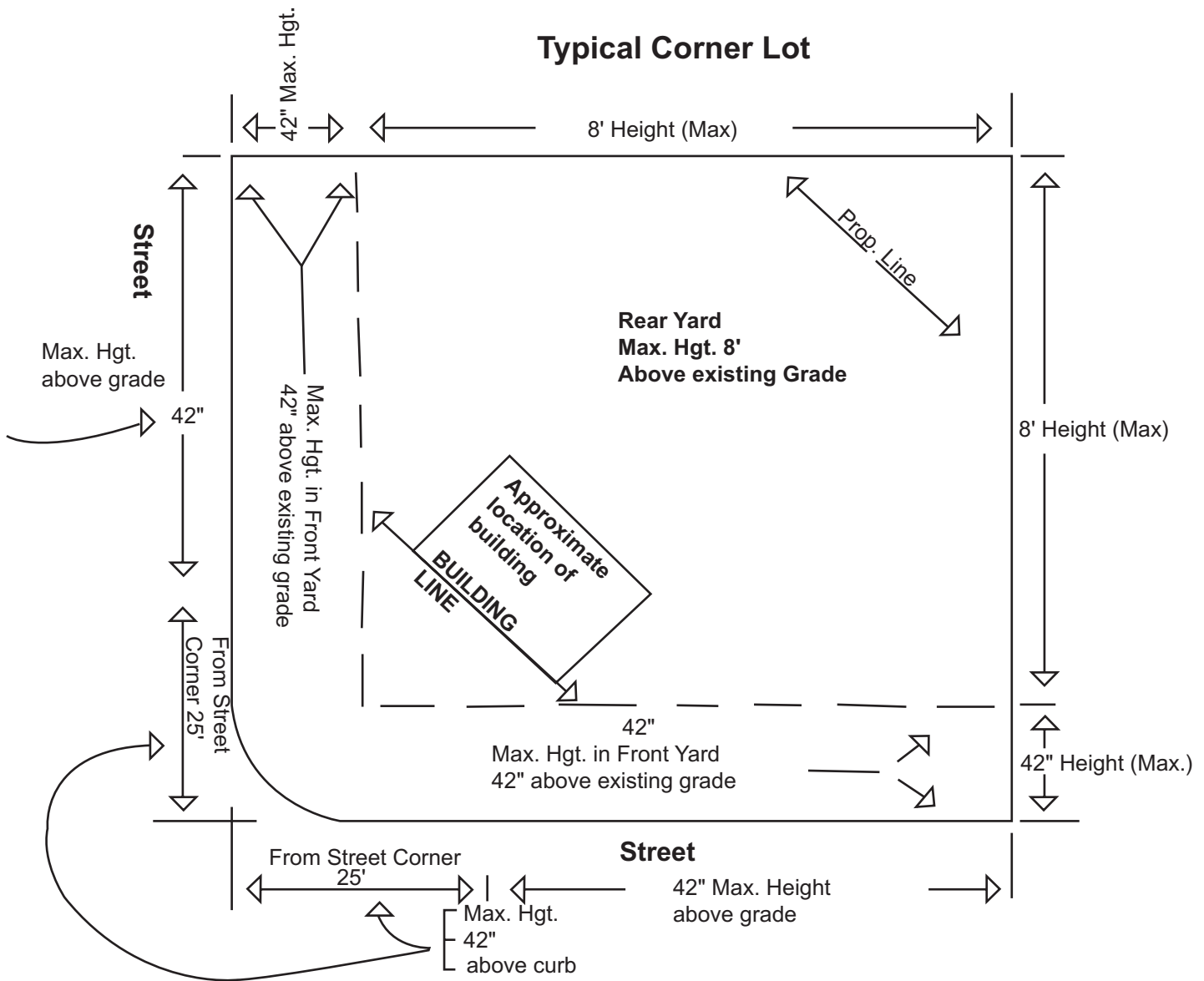
Type of Fence Front _____ Rear _____

Height Front (42 inch max) _____ Rear (8 ft max) _____

Estimated Cost of Construction \$ _____

Applicant's Signature _____

Typical Corner Lot



Indicate Fence Height and Location

